

AC 4667 ARBROATH

Royal Burgh of Arbroath



REPORT

BY THE

Medical Officer of Health

FOR THE

Year ended 31st December
1923

Handwritten text, possibly a title or header, at the top of the page.

100

Royal Burgh of Arbroath



REPORT

BY THE

Medical Officer of Health

FOR THE

Year ended 31st December
1923

ARBROATH: T. BUNCLE & CO.

THE UNIVERSITY OF CHICAGO

PHYSICS

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the Year 1923.

*To the Provost, Magistrates,
and Town Council of Arbroath.*

GENTLEMEN,

I have the honour to submit to you a Report on the Health and Sanitary condition of the Burgh during the year 1923.

STATISTICS.

In the body of the Report and in the appended tables will be found in detail the statistics required by the Scottish Board of Health.

The most interesting figures are :—

Population (estimated to middle of 1923),	-	-	-	18,957
Birth rate (corrected),	-	-	-	21·0
Death-rate (corrected),	-	-	-	17·1
Infantile Mortality Figure,	-	-	-	93
Total Number of Deaths,	-	-	-	325
Number of Deaths caused by Diphtheria,	-	-	-	10
Do. Scarlet Fever,	-	-	-	9
Do. Pulmonary Phthisis,	-	-	-	22
Do. other Tubercular Diseases,	-	-	-	9
Do. Malignant Disease (Cancer or Sarcoma),	-	-	-	30
Do. Whooping Cough,	-	-	-	0
Do. Measles,	-	-	-	6
Do. Influenza,	-	-	-	0

POPULATION.

The population of the Burgh, estimated to the middle of 1923, was 18,957. At the census of 1921 the population was 19,499.

At 31st December 1923 the number of Inhabited Houses was 5,635 ; the average number of persons per inhabited house was 3·36.

AREA.

The acreage of the Burgh is 1,400.

918 acres are built upon; 482 are under cultivation as agricultural land. The average number of persons per acre of whole area is 13·5, of built-on area, 20·6.

BIRTHS.

The number of Births registered (corrected for transcripts) was 398,—379 legitimate, 19 illegitimate,—equivalent to a Birth-rate of 21·0 per 1000 of estimated population. That is a very low Birth-rate. It is interesting, however, to note that it is also the average Birth-rate for 1923 of the smaller burghs of Scotland. The Birth-rate for the whole of Scotland was 22·8 per 1,000 of population—the lowest recorded, with the exception of the rate for the war years, 1917-1919.

The Illegitimate Rate (Illegitimate Births per 100 total Births) corrected for transcripts was 4·8.

The natural increase of population (excess of Births over Deaths) was 73.

DEATHS.

Six persons whose usual residence was in the Burgh died in other districts or in institutions in other burghs; for statistical purposes the deaths have been transferred from those districts or burghs.

The number of deaths properly assignable to the Burgh, after correction, is 325 ; the death-rate corrected for transfers, per thousand of estimated population, 17·1 ; and the death-rate corrected for transfers, and adjusted for age and sex distribution, 15·1.

The number of deaths resulting from pulmonary phthisis was 22, being above the average for the last ten years (20·0).

The deaths from other tubercular diseases numbered 9.

The total mortality from tubercular diseases, consequently, was 31, equivalent to a corrected death-rate per 1000 of estimated population of 1·64 ; in other words, almost one-tenth of the mortality incidence was due to Tuberculosis.

The deaths caused by malignant disease (cancer and sarcoma) were 30 in number ; that means that more than one-eleventh of the total mortality was due to malignant disease.

- (A)—*A general account of influences and conditions injurious or dangerous to the health of the Burgh, and of the measures that, in his opinion, should be adopted for its improvement.*

The most disquieting feature of a Public Health survey in respect of the year 1923 is the continued high incidence of the Infectious Diseases—Scarlet Fever and Diphtheria. Not only was the incidence high, but many of the cases were of great severity and high virulence and were followed by dangerous complications: consequently the mortality was above the average. Every person suffering from Notifiable Infectious Disease was visited by a member of the Public Health Staff as soon as possible after the receipt of the certificate notifying the occurrence of illness, with intent to trace the source and to prevent the spread of infection, but only in a very few instances were attempts to discover the path of infection fruitful. One of these successful investigations was the fixing of the onus of infectivity upon a country dairy outwith the Burgh Boundary, over which we have not any statutory powers of direct inspection.

In such a case, it seems to me, would be found the justification for vesting in the Local Authority whose inhabitants consume the milk, statutory power to inspect the dairy and examine the dairy workers no matter where the dairy is situated.

In addition to an unusually high mortality from Scarlet Fever and Diphtheria six young children died of Measles. In consequence the Death-rate from the principal Epidemic Diseases was 1.53 per thousand of estimated population—a most unenviable record, higher even than that of Glasgow (which was 1.37).

In the Report for the Year 1922 an opinion was expressed that Arbroath Burgh was a modern Hamelin sorely in need of a Pied Piper.

As a gauge of the apathy of the inhabitants towards the rat problem, it is illuminating and also amusing to note that during the recent Rat Week only one rat-interested person called upon the Officer of the Local Authority charged with the duty of giving advice concerning the destruction of rats—viz., a gentleman anxious to increase the sale of a magical rat virus!

- (B)—*A statement of the general inquiries he has made during the year, and of any special inquiries as to sanitary matters.*

No important sanitary matter worthy of special note has been dealt with.

- (C)—*A general statement of any matters as to which he has given advice or granted certificates, including any action as to offensive trades.*

One of the Engineering Works has a private water supply for drinking purposes. The Factory Inspector refused to sanction the supply unless the Local Authority granted a certificate of satisfaction.

Analysis of the water showed it to be unobjectionable: consequently a certificate was granted.

- (D)—*A specific account of the administration of the Factory and Workshops Act, 1901, in workshops and work-places, in terms of section 132 of that Act.*

All the factories and workshops are equipped with water-closets of a modern type for men and women.

BAKEHOUSES.

There are 15 bakehouses within the Burgh, all of which comply with the main provisions of the Factory and Workshops Act, 1901 (Sections 97 and 102).

The majority are in good structural condition and well kept.

One large private bakehouse did not show a reasonable cleanliness. One small bakehouse is badly constructed and is in a state of disrepair.

There are no underground bakehouses.

- (E)—*An account of any proceedings under the Housing (Scotland) Acts, 1890-1920, dealing specifically with (1) the sufficiency and habitability of working-class dwellings, (2) any schemes under consideration or contemplated for the improvement of insanitary areas under Parts I. and II of the Housing of the Working Classes Act, 1890, and (3) the action taken where instances of overcrowding have been ascertained or suspected.*

There is a shortage of suitable houses for the working-classes.

Whereas within the Burgh there is little actual slum property, there are many working-class houses, which, judged by modern standards, are not habitable—by reason of dampness, insufficient lighting and ventilation, or deficiency in height of ceilings.

Not a few of those houses are in good repair and provide comfortable homes, but their occupation constitutes a condition not favourable to health.

Until suitable houses are provided for the working-classes, this condition, of necessity, must be perpetuated. Since the date of my last report no working-class houses have been built.

A town in which trade is bad, and whose population is diminishing, cannot expect to have its needs as regards provision of houses for the working-classes supplied by private enterprise. The responsibilities of the Local Authority must be extended and shouldered if the poorer members of the working-classes are to be housed under conditions of municipal decency.

- (F)—*A statement showing whether any conditions have arisen, or are expected to arise, pointing to the expediency of a town planning scheme for the proper control of further development.*

The Sanitary Inspector has been designated by the Local Authority as the officer who is to act under the Housing (Inspection of District) Regulations, 1910.

- (G)—*An account of the presence or absence of pollution of rivers or streams in the district, the sources and nature of any such pollution, and any action taken to check it.*

No action has been taken under these Acts.

- (H)—*An account of any proceedings under the Burgh Police Act, including the substance of his half-yearly reports on slaughter-houses (Section 280).*

The Slaughter-House is kept in a satisfactory condition of cleanliness. The equipment and furnishings are modern in type. The daily inspections of the Veterinary Inspector ensure that the Burgh has a supply of sound animal food, and that the collateral occupations carried on at the slaughter-house are well conducted.

- (I)—*An account of the hospital accommodation available for persons suffering from infectious disease in general, and from smallpox in particular (including the means provided for the conveyance of such persons), and of the houses of reception, with observations on the furnishing, maintenance, administration, and adequacy of such accommodation, &c.*

The Laundry equipment and heating plant are adequate for the severest demands that are ever likely to arise.

In the administration of the Hospital the policy has been to keep the accommodation as fluid as possible to the end that the bugbear of Infectious Disease Hospitals—viz., overcrowding—might be avoided. During the early months of the year a degree of overcrowding was inevitable, but, judged by the rough and ready tests of “return cases” and “cross infections,” such overcrowding as was unavoidable was not a menace to the public health of the burgh; in other words, it was not an important causal factor in maintaining the high infectious disease incidence.

There is a lack of accommodation for the domestic staff in the administrative block, and also during epidemic periods for the nursing staff. The former is urgent; it will be remedied in the near future. The latter is only occasional, and does not call for immediate action.

It is gratifying to record that whereas hitherto hospital facilities have not been provided for children suffering from measles and whooping cough, the Local Authority have decided henceforward to give hospital accommodation, if available, for the treatment of cases of Measles and Whooping Cough in which complications have arisen. The decision to send to the Public Health Hospital a child suffering under those conditions will be made mutually by the child's guardian and the Medical Attendant, and will be communicated by the latter to the Medical Officer of Health, who, if a bed be vacant, will make arrangements for the child's removal.

The Hospital for the reception of persons suffering from infectious diseases is the Public Health Hospital, Little Cairnie. The accommodation and equipment are as detailed in previous reports. They are sufficient for the need of the community.

SMALLPOX.

On a site contiguous with and to the north-east of the Public Health Hospital the Local Authority have built an Hospital of 12 beds for the reception of persons suffering from Smallpox. This Hospital is ready for occupation, but the necessity to use it has fortunately not arisen. The Local Authority have resolved that, in the event of the occurrence of an outbreak of Influenza, the new Smallpox Hospital shall be used for the benefit of persons severely ill of that disease.

The Public Health Hospital is kept in a state of scrupulous cleanliness; and the food and cooking are excellent.

- (J)—*An account of the premises, with necessary apparatus and attendance available for the destruction or disinfection of infected articles (including the means for the conveyance and return of such articles), also of other processes of disinfection in use, with observations on the adequacy of such arrangements and processes.*

The equipment of the Burgh Infectious Diseases Hospitals includes a Defries' superheated steam disinfector for disinfection of infected articles worthy of preservation and a destructor for the consumption of articles whose continued existence is not desirable.

The Hospital caretaker is in charge of the apparatus. He has considerable experience in their working, and the employment of Defries' charts while using the disinfecter gives definite information as to the efficiency of its operation.

The articles, wrapped in sheets, are conveyed to and from the Hospital in a vehicle used solely for that purpose.

(K)—*An account of the action taken to prevent the outbreak and spread of infectious disease.*

The routine measures described in previous reports have been systematically employed during the year under survey in all cases of outbreak of infectious disease; and in cases that exhibited unusual or momentous features, special inquiries and special advice respectively were made and given to persons concerned.

(M)—*A statement of the facilities available for the treatment of persons suffering from venereal diseases, with recommendations as to any further measures that might usefully be taken for dealing with these diseases in the Local Authority's area.*

Arbroath Infirmary is a "Treatment Centre" approved by the Scottish Board of Health.

To secure as great a measure of secrecy as possible in the treatment of persons suffering from Venereal Diseases, arrangements were made for the attendance of such persons while the general work of the Infirmary was in progress, and not at a special Clinic earmarked for Venereal patients. These arrangements were followed by a moderate measure of success in attracting patients to come to the Infirmary for treatment.

Three years ago public intimation was made in the local newspapers of arrangements made for providing treatment to persons suffering from Venereal Diseases, on four evenings of each week at 8 o'clock.

Not a single patient has availed himself of those evening facilities for treatment.

To enable a positive diagnosis of Venereal Disease to be made a bacteriological or serological examination is necessary.

In this Burgh provision is made at the cost of the Local Authority for bacteriological and serological examination by Professor Tulloch, Bacteriologist, University College, Dundee, of persons suffering from, or suspected to suffer from Venereal Disease.

It cannot be too widely known that a person suffering from Venereal Disease can demand treatment free of charge at any "Treatment Centre" in the Country.

The subjoined table shows the attendance at the Local Treatment Centre:

VENEREAL DISEASES.

Return of patients attending Treatment Centre at Arbroath Infirmary during the calendar year 1923.

Number of new cases—

Male, 8; Female, 5,—total, 13.

Total number of cases treated—

Male, 8; Female, 6,—total, 14.

Total number of attendances—

For treatment, 98.

The attendance record is very unsatisfactory. It shows conclusively that the patients treated are but a very small percentage of the total number of persons that suffer from Venereal Disease.

It is interesting to record the attendances during the past three years. It would seem as if the more wide-spread knowledge of the existence of the treatment centre and of the diseases treated thereat was actually the cause of the dwindling attendance.

Year.	New Cases.	Total Cases.	Total Attendances.
1920,	48	52	239
1921,	37	45	215
1922,	6	11	144
1923,	13	14	98

There was an expectation that after the appointment of a House Surgeon to the Infirmary, by reason of the continuous regular surgical services provided at all reasonable hours, the volume of V.D. work would increase greatly. Unfortunately experience has left that expectation unfulfilled.

Despite the educational campaign by means of lectures, "films," and posters, there is much ignorance of the elementary facts concerning the spread of, and disasters caused by Venereal Diseases.

In the hope that the local newspapers may find space for this (if for no other) section of the Report, and thereby bring to the notice of the young men and women of our town certain facts that they ought to know, I borrow from my last Report the following sentences:—

Many persons suffering from Venereal Diseases do not seek, and do not receive any treatment. In consequence, disease is transmitted to other persons who have not transgressed the moral code, and who, falling into ill-health, are unaware of the nature of their malady until, it may be, many years afterwards.

It cannot be too strongly emphasised that avoidance of treatment, on the part of a person suffering from Venereal Disease, is a serious crime against mankind; the neglect, frequently, is fraught with ill-health, and sometimes with death to persons who unwittingly have been infected in consequence thereof.

In the Registrar General's returns Syphilis and Gonorrhoea seldom occur as causes of death. That does not mean, however, that these diseases do not terminate fatally.

In many death certificates appear the names of diseases which are scientifically proven to be Syphilitic in origin, *e.g.*, General Paralysis of the Insane, Locomotor Ataxia, Aneurism of the Aorta, several forms of disease of the Heart and Blood Vessels, certain forms of disease of Stomach, Liver, Brain, Bones, &c., a formidable galaxy of deadly diseases. These are the terminal phases of Syphilis.

Gonorrhoea is perhaps the most frequent cause of sterility in women.

It is also the cause of Ophthalmia Neonatorum (inflammation of the eyes in the newly born) which often results in blindness of the child.

Gonorrhoea also has its terminal phases, *e.g.*, Chronic Inflammation of Joints, with subsequent deformity; and Stricture of Urethra, which not infrequently is followed by infection of the Bladder and Kidneys.

It is well that the general public should realise that these diseases if not treated intensively, soon after infection, frequently end fatally.

It has been computed that if a man contracts Syphilis, his expectation of life is diminished by five or six years, if he does not receive early and intensive treatment.

It is essential that every young man and woman should know the elementary facts concerning the origin and prevention of Venereal Diseases, and should be aware of the dangers—personal and social—incurred by being infected with these diseases.

To defray the cost of treatment of persons suffering from Venereal Diseases considerable sums are drawn from the Treasury.

Many persons take advantage of this "free" treatment, but refuse to continue under treatment until they are free from infection.

Public opinion is ripening to the demand that powers be given to supervising authorities (Town Councils, &c.), under which a man who has begun treatment at the public charge shall be compelled to continue under treatment until he is certified to be non-infective.

(N)—*A statement as to the causes, origin, and distribution of diseases within the Burgh, and the extent to which the same have depended on, or have been influenced by, conditions capable of removal or mitigation.*

SCARLET FEVER.

During the year 1923 the number of persons notified as suffering from Scarlet Fever was 247.

226 cases were treated in the Public Health Hospital; 21 were treated at home.

The number of deaths caused by Scarlet Fever was nine.

Comment has already been made upon the high incidence of Scarlet Fever. The epidemic which continued almost throughout the year began on the 11th October 1922, reached its height during the month of January 1923 (fifty-four cases being notified during that month), abated during the Summer, and recrudesced during the last quarter of the year.

All the public schools were affected. The largest schools, High and Keptie, had respectively 38 and 28 cases, while the smaller schools had numbers bearing roughly the same ratio to their average attendances as had the two large schools, with the exception of Abbey School which with about 380 pupils on the Roll had 32 cases.

Investigation did not show that the infection was dependent upon the distribution of milk save during two small outbreaks, one in June and the other in October.

Towards the middle of June I found reason to believe that infection was associated with the distribution of milk which though retailed by a town dairyman was drawn from a country dairy.

I visited the local (retail) dairy and examined the milk distributors. Having failed to find any evidence of infection among the dairyman's family and employees I intimated my suspicions to the County Medical Officer of Health who invited me to meet him at the dairy farm on which the suspected milk was produced. Enquiry elicited the fact that cases of Scarlet Fever had occurred and were occurring on the farm and steps were taken to safeguard the consumers of the milk.

During October suspicion fell upon a dairy situated within the Burgh. I examined the dairyman and his milk distributors but I failed to find any basis for drastic action.

In my enquiries and examinations the dairymen have been courteous and willing to assist me, alike in supplying lists of customers, and in arranging parades of their milk boys and milk girls.

Unfortunately throughout the year, but especially during the earlier part, many of the cases of Scarlet Fever were very severe.

Nine of these malignant septic cases ended fatally, and many patients struggled back to health after prolonged illness associated with septic complications.

Fortunately, of late the majority of the cases have been mild.

DIPHTHERIA.

This disease also had an unusually high incidence during the year 1923.

The average number of cases notified during the past seventeen years was 50·77 per annum. During the year under review the number was 95.

The outstanding feature of the outbreak was not the magnitude but the exceptional virulence and intensity of the infection.

The number of children who died of Diphtheria during the year 1923 was 10.

Cases of Diphtheria were not limited to one locality but occurred in all parts of the town. The spread of the disease did not seem to be associated with attendance at school, with the exception of the occurrence during spring of a number of cases among pupils at Keptie School; but whereas throughout the year family infection was not common, fully one-third of the yearly total of cases among children who attended Keptie School was represented by a familial infection accounting for six cases. (Total cases, 17.)

Treatment of Diphtheria by anti-toxic serum has reduced the mortality of Diphtheria very drastically, but to save cases of high virulence it is absolutely essential that that treatment should be given early in the course of the disease.

The necessity of seeking at the earliest possible moment medical advice concerning all cases of "sore throat" occurring among children should be realised by parents and guardians.

That a child at the medical attendant's first visit should be found in a grave condition, or dying, having been ill of Diphtheria for three or four days is deplorable: it is the result either of ignorance or of carelessness on the part of the child's guardians.

A detailed Report on the fatal cases that occurred during the extraordinarily severe outbreak was sent to the Scottish Board of Health on 23rd October last. A copy of the Report was forwarded to the Local Authority on that date. It was of medical rather than of general interest, consequently it is not reproduced in these pages.

TYPHOID FEVER.

Two cases were notified during the year.

One was a very mild case of Paratyphoid B. Fever; the other was a rather severe case of genuine Enteric Fever.

Curiously enough both patients (young women) were notified from the Infirmary, but they did not get their infection there. Both recovered.

PUERPERAL FEVER.

The number of cases notified was 2. One death was recorded as due to Puerperal Sepsis.

OPHTHALMIA NEONATORUM.

There were two cases notified.

MALARIA.

No cases of Typhus Fever, Malaria, Epidemic Cerebro-Spinal Meningitis, Anterior Polio-myelitis, or of Smallpox were notified.

PNEUMONIA.

During the year 1922 the number of cases of Pneumonia notified was 18,—Acute Primary pneumonia, 18; Influenzal pneumonia, 0. The mortality from Pneumonia (all forms) was 18.

From this statement it must not be concluded that the mortality from Pneumonia was 100 per cent. It must be borne in mind that only certain types of Pneumonia are notifiable.

CHICKEN-POX.

The number of cases notified during the year was 7.

Chicken-pox is a trifling disease; but unfortunately of occasion Smallpox closely resembles it (and *vice versa*); consequently there is justification for its compulsory notification.

(O)—A statement of the measures adopted for the administrative control of tuberculosis, with recommendations as to any further measures that might usefully be put in force by the Local Authority. (In cases where this work is being undertaken by the County Council in terms of Section 41 (3) of the National Insurance Act, 1913, this information will be given by the County Medical Officer in his Report on the County.)

TUBERCULOSIS.

During the year 1923 the number of persons notified as suffering from Tuberculosis was 63. 36 were cases of Pulmonary Tuberculosis; 27 of Non-pulmonary. Of the 36 persons suffering from Pulmonary Tuberculosis, 18 were males, 18 were females. Of the 27 persons suffering from Non-pulmonary Tuberculosis, 8 were males, 19 were females. Of the cases of Pulmonary Tuberculosis, 32 received institutional treatment (Ashludie Sanatorium and Public Health Hospital); of the Non-pulmonary cases, 25 received hospital treatment at the Arbroath Infirmary.

The deaths registered as occurring from Pulmonary Tuberculosis numbered 22—males, 14; females, 8.

PULMONARY TUBERCULOSIS.

AGE INCIDENCE TABLE.

At all ages.	Under 15 years.	15—25 years.	25—45 years.	45—65 years.	Over 65 years.
36	4	10	10	12	...

MORTALITY TABLE.

At all ages.	5—15 years.	15—25 years.	25—45 years.	45—65 years.	Over 65 years.
22	1	8	6	7	...

The deaths from Non-pulmonary Tuberculosis numbered 9—Males, 6 ; Females, 3.

NON-PULMONARY TUBERCULOSIS.

AGE INCIDENCE TABLE.

All ages.	Under 5 years.	5—15 years.	15—25 years.	25—45 years.	45—65 years.	Over 65 years.
27	2	6	5	11	3	...

MORTALITY TABLE.

All ages.	Under 5 years.	5—15 years.	15—25 years.	25—45 years.	45—65 years.	Over 65 years.
9	1	1	1	5	1	...

The Tuberculosis Dispensary is open for examination and treatment of persons suffering from all forms of Tuberculosis on Mondays at 3 p.m. It acts as a clearing-house for all cases receiving treatment under the Local Authority's Tuberculosis scheme.

In addition to attendance at the Dispensary, the Tuberculosis Officer advises the Local Authority as to the kind (Sanatorium, Public Health Hospital, Infirmary) and duration of treatment, in his opinion, most suitable to the needs of each patient. He also visits the homes of tuberculous persons with the aim of discovering early "contact" cases in their families, and of giving instruction in preventive measures to those that are in attendance upon the patients.

The Tuberculosis Officer's report is as follows :—

TUBERCULOSIS DISPENSARY, ROSEMOUNT, ARBROATH.

1. During the year 1923 there were 657 attendances at the Dispensary. Of these 258 were males, 399 females ; including 12 contacts—7 males and 5 females.
2. The number of new cases admitted as Pulmonary Tuberculosis were 36—males, 18 ; females, 18.
3. The number of cases of non-Pulmonary Tuberculosis admitted was 27—males, 8 ; females, 19.
4. The number of visits paid to patients' homes by the Tuberculosis Officer and the Nurse was 658.
5. During the year the number of contacts examined was 12—7 males and 5 females.
6. During the year the number of cases notified and admitted to
 - (a) Ashludie Sanatorium was—12.
 - (b) Public Health Hospital, Arbroath—19.
 - (c) Noranside Sanatorium—1.
 - (d) Arbroath Infirmary—25.
7. One case notified prior to 1923 was admitted for the first time to Public Health Hospital.

8. During the year the number of cases able to return to work was 4, including 2 males and 2 females.

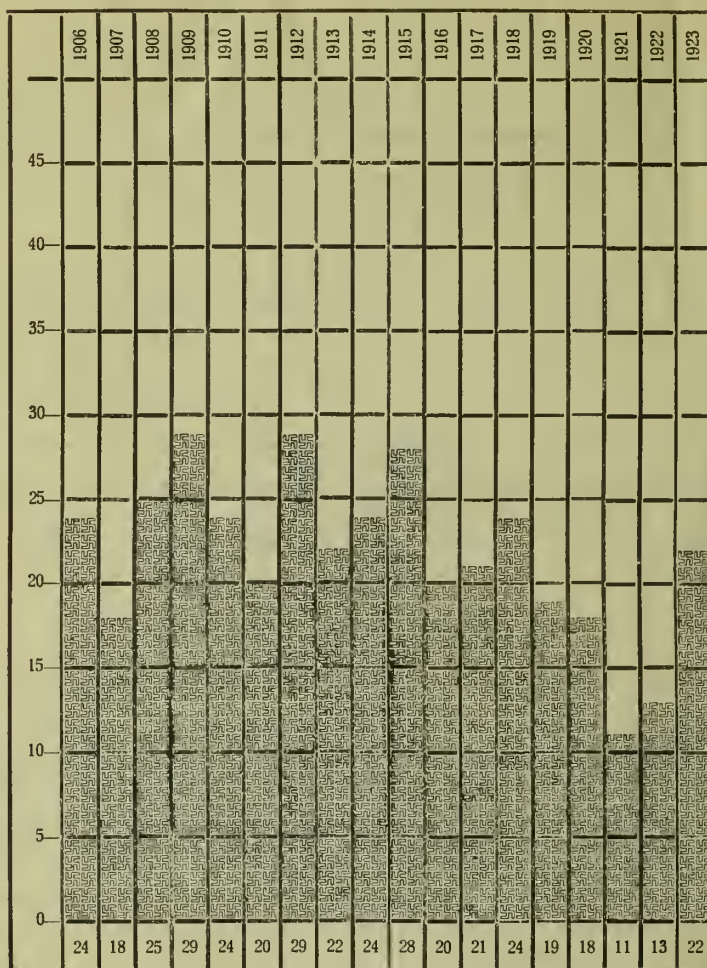
P. BELLWOOD FARRAR, M.B., Ch.B.,

5th May 1924.

Tuberculosis Officer.

PULMONARY TUBERCULOSIS.

MORTALITY TABLE, 1905-1922.



(P)—*A statement of the arrangements made under the scheme of maternity service and child welfare.*

A Scheme of Maternity Service and Child Welfare was put into operation during the month of November 1921.

The western portion of the Municipal Dispensary, Rosemount Road, has been simply but efficiently furnished and equipped as a Child Welfare Centre. The rooms are well lighted, well ventilated, and in every way eminently suitable for child welfare work, save perhaps that they are too far from the centre of the town.

The Centre is open for work every Thursday afternoon at three o'clock.

During the year 68 new cases were enrolled, and the subsequent visits numbered 243. The total attendances for the year numbered 311.

Miss Scott, Child Welfare Nurse, is in charge of the Centre: she weighs the babies and gives advice to the mothers concerning the feeding, clothing, and general management of infants. I am responsible for the medical direction of the Centre.

During the last quarter of the year the attendance of infants was seriously affected by the cold and wet weather that prevailed during many Thursdays. Since the weather conditions have improved the attendances have been very gratifying, and of late it has been necessary to use the extra room which at the completion of the Nurses' Home was vacated by the Infirmary Nurses, and which has been furnished through the generosity of the Ladies' Voluntary Committee.

Several of the Voluntary Workers have occasionally assisted at the Centre during the year, and two—Mrs Cathcart Christie and Miss Young—have been and are in regular attendance.

As was explained in the last Annual Report, the Child Welfare Centre is not an out-patient Clinic for children in urgent need of medical attendance: it is primarily a preventive Centre. If a child attending the Centre is found on examination to require active Medical or Surgical Treatment, a card is given to the child's mother recommending that the family doctor be consulted.

During the year 11 children in need of Medical or Surgical Treatment were referred to their Medical Attendant.

If owing to poverty private Medical Attendance is not available, out-patient Treatment is given.

Concerning the provision of food to nursing mothers and to babies, either below cost price, or free of charge, the Local Authority have decided that, save in exceptional instances, persons having a wage equivalent to the rate paid as unemployment benefit should not receive food either free, or below cost. In opening a clinic with the aim of providing advice and guidance in the care and management of infants the Local Authority were averse from fostering the idea that the Child Welfare Centre is a depot for the free distribution of food.

(Q)—*A report on the working of the Notification of Births Act, 1907.*

MIDWIVES (SCOTLAND) ACT, 1915.

The Report is arranged as ordered by the Central Midwives Board for Scotland.

- (1.) List of the Midwives, with their names in alphabetical order, enrolment numbers, and addresses, who have, in the month of January 1921, given notice, under section 18, of their intention to practice in the district.

Enrolment number, 2729—	Catherine Booth, Demondale Place, Arbroath.
2432—	Johan Mitchell Campbell, 21 Lordburn, Arbroath.
1003—	Margaret H. Duncan, 33½ Millgate, Arbroath.
2598—	Louisa Ogilvie, 62 Gravesend, Arbroath.
2651—	Elizabeth Alexander Sturrock, 22 Green St., Arbroath.
- (2.) Births in Area or District.

Total number of births notified during 1923—400.
 Total number of deaths of new-born children (within ten days) during 1923—9.
 Actual number of births attended by midwives during 1923—291.
 Actual number of deaths of new born children (within ten days) occurring in the practice of midwives during 1923—9.
 Actual number of cases not attended by a doctor or midwife during 1923—Births, None ; Deaths, None.
- (3.) Cases of Ophthalmia Neonatorum.

Total number of cases during 1923—2.
 Actual number of cases occurring in the practice of midwives during 1923—1.
 Actual number of cases occurring where confinement not attended by a doctor or midwife during 1923—None.
- (4.) Cases of Puerperal Sepsis.

Total number of cases notified during 1923—2
 Total number of deaths during 1923—1.
 Actual number of cases occurring in the practice of midwives during 1922—None.
 Actual number of deaths occurring in the practice of midwives during 1922—None.
 Actual number of cases occurring where confinement not attended by a doctor or midwife during 1923—Cases, None ; Deaths, None.
- (5.) Cases of Still-birth (Dead born).

Total number of cases during 1923—16.
 Actual number of cases occurring in the practice of midwives during 1923—11.
- (6.) Cases of Emergency.—The total number of cases of emergency in which Medical Practitioners have been called in under Section 22 of the Act during 1923, distinguishing the different classes of emergency—27.

Mother...	Delayed labour,	5
	Contracted pelvis,	4
	Ruptured perineum,	3
	Haemorrhage,	1
	Placenta praevia,	1
	Rise of temperature (on 9th day),	1
Child	Breech presentation,	3
	Spina bifida, ... '	1
	Meningocele,	1
	Dead born,	1
	Feebleness of	1
	Premature,	1
	Accident to eye (on 9th day),	1

- (7.) The Medical Officer is requested to report generally as to the working of the Act in the district for the year 1922, and as to any points in the administration of the Act to which he thinks the attention of the Board should be directed.

A Scheme of Maternity and Child Welfare Service has been in operation since November 1921.

Under the scheme the Child Welfare Nurse visits all babies at whose birth a midwife has been in attendance, and also babies at whose birth a medical practitioner has attended if the attending physician desires or approves visitation of the baby by the nurse.

I am satisfied that the midwifery service provided by the midwives practising within the burgh is good. The service has the goodwill of the medical profession, and the co-operation between the medical practitioners of the burgh and the midwives, in cases of emergency, has been harmonious.

Five midwives practise within the burgh. Their equipment is adequate, and it is kept in accordance with the rules of the Central Midwives Board.

I have opportunities of inspecting the work of the midwives, and I am convinced that it is very satisfactory.

The total number of births (including still-births) notified during the year 1923 was 400. The number of still-born babies was 16. Of these 5 occurred in the practise of doctors; 11 in the practise of midwives, medical attendance being sought in ten cases.

- (R)—*Observations on the wholesomeness of the milk produced within or imported into the district and on the general adequacy of the arrangements for the supply and distribution of milk of pure and wholesome character; also on the Administration of the Dairies, Cowsheds, and Milkshops Orders and the Milk (Scotland) Order, 1921; and any action taken as to tuberculous milk, whether under local Acts or under the Dairies, Cowsheds, and Milkshops Orders.*

The larger part of the milk supply is derived from the rural districts outwith the Burgh.

The cows of the Burghal Dairies are inspected regularly by the Local Authority's Veterinary Inspector. The standard of health is good.

Data as to the health of cows in the country dairies from which milk is imported are not in my possession.

Only a small percentage of the milk used within the Burgh is retailed in shops. Almost all of it is delivered at the houses of the consumers, or sold in the streets, by dairymen.

The supply of milk is adequate to the needs of the Burgh.

The power and opportunity to take, at the dairy farms in the country, samples of milk destined for use within the Burgh are urgently required.

Whereas the supply of milk as regards quantity is adequate, a similar statement as regards the cleanliness of the milk purveyed cannot be made. The methods of collection and distribution in vogue at present in this district are faulty—are in short, such as are bound to yield impure milk.

One notices an attempt is being made locally to foster the sale of pasteurised milk put up in sealed bottles.

To persons who wish to be spared the trouble of pasteurising milk at home, and to those who perhaps while on holiday cannot readily get a daily supply of fresh milk commercially, pasteurised milk can be recommended as a safe food for children.

The Sanitary Inspector acts as Inspector of Dairies.

No action has been taken as to tuberculous milk.

(S)—An Account of the work done under Section 43 of the Public Health (Scotland) Act, 1897, for the inspection of meat at slaughter-houses, shops, and elsewhere; observations on unsound food, food inspection, and the sanitary condition of premises where foods are manufactured, prepared, stored, or exposed for sale, indicating any important respects in which existing powers have been found inadequate for dealing with insanitary conditions in such places. A separate Return dealing with inspections at slaughter-houses under the Public Health (Meat Inspection) Regulations (Scotland), 1923, is being called for.

The Burgh Veterinary Inspector visits the slaughter-house daily, and examines the meat of animals slaughtered therein.

PUBLIC HEALTH NURSE.

Throughout the year I had the advantage of Miss Minnie Scott's help in the Public Health services. A record of visits made by Miss Scott during the year is subjoined :—

Tuberculosis,	558
Other Infectious Diseases,	403
Child Welfare—Home Visits,	308
Total,	1269

I am, Gentlemen,

Your Obedient Servant,

ARTHUR D. YULE, M.B., C.M., B.Sc. (P.H.),
Medical Officer of Health.

9 HILL STREET,
ARBROATH, 30th April 1924.

APPENDIX.

RETURN OF CASES OF INFECTIOUS DISEASES
Notified under the Infectious Disease (Notification) Act, 1889, during the Year ending
31st December 1923.

DISEASE.	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.									
	At all Ages.	At Age—Years.							Cases removed to Hospital.	Cases not removed to Hospital.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.		
Typhoid or Enteric Fever,	2	..	...	1	1	...	...	...	2	...
Typhus Fever, ... ..	...	...	...	...	...	...	...	...	...	...
Small-pox, ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina,	247	...	53	165	29	...	...	...	226	21
Diphtheria and Membranous Croup,	95	...	31	54	10	...	...	...	90	5
Erysipelas,	28	...	1	3	16	...	8	...	1	27
Puerperal Fever,	2	...	...	...	...	2	...	...	1	1
Cholera, ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever, ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever, ... ..	...	...	...	...	...	...	...	...	...	...
Chicken-pox,	7	4	3	...	...	...	...	...	...	7
Ophthalmia Neonatorum,	2	2	...	...	...	...	...	...	...	2
Malaria, ... ..	...	...	...	...	...	...	...	...	...	...
Dysentery, ... ..	...	...	...	...	...	...	...	...	...	...
Trench Fever, ... ..	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia,	18	...	7	5	3	...	3	...	2	16
Acute Influenzal Pneumonia, ... ..	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis,	36	...	...	4	10	10	12	...	32	4
Non-Pulmonary Tuberculosis	27	...	2	6	5	11	3	...	25	2
Total,	464	6	97	238	74	23	26	...	379	85

CAUSES OF DEATH (Corrected for Transfers).

CAUSES OF DEATH.	All Ages.	AGE.										
		-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-
Enteric Fever, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Measles,	6	2	4	...	...	...	...	...	...	...	...	...
Scarlet Fever,	9	...	3	2	2	1	...	...	...	1	...	...
Whooping Cough, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria,	10	...	5	4	1	...	...	...	...	...	...	...
Influenza, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Other Epidemic Diseases,	2	...	...	...	...	...	...	...	...	2	...	...
Tuberculosis of Respiratory System,	22	...	...	...	1	8	3	3	4	3	...	...
Tuberculous Meningitis,	2	...	1	...	...	...	...	1	...	...	...	...
Tuberculosis of Intestines and Peritoneum,	3	...	...	...	1	...	...	1	1	...	...	...
Other Tuberculous Diseases,	4	...	...	...	...	1	...	3	...	...	...	...
Malignant Tumours,	30	...	...	...	...	...	...	1	2	13	7	6
Rheumatic Fever, ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Cer. Spin. or Tuberc.),	8	2	2	...	1	1	...	...	...	...	...	2
Apoplexy,	30	...	...	...	...	...	...	...	...	5	9	16
Heart Disease,	38	...	...	1	1	1	...	1	3	8	15	8
Diseases of Arteries,	3	...	...	...	...	...	...	...	1	...	...	2
Bronchitis,	34	6	2	...	...	...	...	1	...	2	10	13
Pneumonia (all forms),	18	2	...	1	1	1	...	...	2	1	6	4
Other Diseases of Respiratory System,	5	...	...	...	...	1	...	...	3	...	2	1
Diarrhoea and Enteritis (under 2 years),	4	3	1	...	...	...	...	...	...	...	...	...
Appendicitis,	3	...	...	...	...	1	...	1	1	...	...	...
All Diseases of Liver (not Malignant),	1	...	...	...	...	...	...	...	...	...	1	...
Nephritis, Acute and Chronic,	3	...	...	...	...	...	1	1	1	...	...	...
Puerperal Sepsis,	1	...	...	...	...	1	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition,	3	...	...	...	...	2	...	1	...	...	...	...
Diseases of Early Infancy and Malformation,	19	18	1	...	...	...	...	...	...	...	...	...
Suicide,	2	...	...	...	...	...	...	1	1	...	...	...
Other Violent Deaths,	4	1	...	...	...	...	1	...	...	...	1	1
Other Defined Diseases,	57	3	2	1	...	2	1	2	1	6	12	27
Causes Ill-defined or Unknown,	4	...	...	...	...	...	...	...	...	1	...	3
All Causes,	325	37	21	9	8	20	6	17	19	42	63	83

COUNTY OF FORFAR.

BURGH OF ARBROATH.

Population—Estimated to middle of 1923, ... ..	...	...	...	...	...	...	...	...	18,957
Population—Census 1921, ... ..	...	...	...	...	...	...	...	...	19,499

NUMBERS.

Births—Corrected for Transcripts, ... ..	...	...	...	...	...	...	...	398
Illegitimate Births—Corrected for Transcripts, ... ..	...	...	...	...	...	...	...	19
Marriages—Uncorrected ... ..	...	...	...	...	...	...	...	153
Deaths—Uncorrected, ... ..	...	...	...	...	...	...	...	334
Deaths Transferred Out, ... ..	...	...	...	...	...	...	...	15
Deaths Transferred in, ... ..	...	...	...	...	...	...	...	6
Deaths—Corrected, both Sexes, ... ..	...	...	...	...	...	...	...	325

RATES PER 1000 OF ESTIMATED POPULATION.

Birth-rate—Corrected for Transcripts, ... ..	...	...	...	...	...	...	...	21.0
Marriage-rate—Uncorrected, ... ..	...	...	...	...	...	...	...	8.1
Death-rate, all Causes—Uncorrected, ... ..	...	...	...	...	...	...	...	17.6
Death-rate, all Causes—Corrected for Transfers, ... ..	...	...	...	...	...	...	...	17.1
Death-rate, all Causes—Corrected for Transfers and Adjusted for Age and Sex Distribution, ... ..	...	...	...	...	...	...	...	15.1
Death-rate, All Tuberculosis—Corrected for Transfers, ... ..	...	...	...	...	...	...	...	1.64
Death-rate, Tuberculosis of Respiratory System—Corrected for Transfers, ... ..	...	...	...	...	...	...	...	1.16
Death-rate, Principal Epidemic Diseases—Corrected for Transfers, ... ..	...	...	...	...	...	...	...	1.53

Infantile Mortality Rate—Deaths of Children of under One Year per 1000 Births—Corrected,	93
Illegitimate Rate—Illegitimate Births per 100 total births—Corrected for Transcripts,	4.8

